10/21/2010 17:14

Image# 10931711624

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Othe	er inan An	Autnorize	ea Commi	ittee		Office U	Jse Only	
1.	NAME OF COMMITTEE (in full)		MAILING LAE OR PRINT		xample:If typi ver the lines	ng, type		• • •		
L	National Emergency Medicine	e Political A	action Committe	;e _						
Ш										
AD	DRESS (number and street)	1125 E	xecutive Circle							
	Check if different than previously reported. (ACC)	Irving					TX		75038	
2.	FEC IDENTIFICATION NUM	IBER 🖫	, _	CITY 🛕			STATE	4	ZIPCOD	DE 🛕
	C00140061		:	3. IS THIS REPOR	Т	NEW (N) OI	R	AMENDED (A))	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	`´R	onthly eport ue On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	3)	May 20 (M Jun 20 (M Jul 20 (M7	6)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
	April 15 Quarterly Report(Q: July 15 Quarterly Report(Q: October 15 Quarterly Report(Q:	2) (c)	12-Day PRE-Election	on _	Primary (1 Convention	2P)	X Ge	neral (12G)		Runoff (12R)
	January 31 Quarterly Report(YE		E	Election on	11	02	2010	•	in the State of	TX
	July 31 Mid-Year Report(Non-electior Year Only) (MY) Termination Report (TER)		Post -Elect Report for the		General (3	60G)	Ru	noff (30R)	in the State of	Special (30S)
5.	Covering Period 1 0	0	1 201	0	through	1 10) 13	2010)	
	ertify that I have examined this Fore or Print Name of Treasurer	•	to the best of n s Edans, CPA,		and belief it	is true, corre	ect and com	plete.		
Sig	nature of Treasurer Electron	nically Filed	l by Phyllis E	dans, CPA,	CAE		Date	10 2	1	2010
NO	TE : Submission of false, error	neous, or in	complete inform	mation may s	ubject the pe	erson signinç	this Report	to the penaltie	s of 2 U.S	s.C 437g.
	Office Use							II	C FORM	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/87

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name National Emergency Medicine Political Action Committee

D D 1.0 10 0 1 2010 13 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 815920.52 January 1 (b) Cash on Hand at 751704.99 Begining of Reporting Period 88269.50 791134.26 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 839974.49 1607054.78 6(a) and 6(c) for Column B) 194500.00 961580.29 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 645474.49 645474.49 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 87

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

м м 1 0 01

2010

та.

м м 1 0 D D 13

Y Y Y Y 2 0 1 0

I. Recei	pts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other that (a) Individuals/Person			
Than Political Con (i) Itemized (use	nmittees Schedule A)	86718.00	806715.77
(ii) Unitemized		1551.50	698861.89
(iii) TOTAL (add Lines 11(a)(i)	and (ii)	88269.50	785579.89
(b) Political Party Con	nmittees	0.00	0.00
(c) Other Political Cor(such as PACs)(d) Total Contributions		0.00	0.00
11(a)(iii),(b) and (c Totals to Line 33,	e)) (Carry page 5)	88269.50	785579.89
Transfers From Affiliate Party Committees		0.00	0.00
3. All Loans Received		0.00	0.00
Loan Repayments Rec Offsets To Operating E		0.00	0.00
(Refunds, Rebates, etc (Carry Totals to Line 37 6. Refunds of Contribution	, page 5)	0.00	0.00
to Federal candidates a Political Committees		0.00	4800.00
 Other Federal Receipts (Dividends, Interest, etc.) 	:.)	0.00	754.37
3. Transfers from Non-Fe	deral and Levin Funds		
(a) Non-Federal Account (from Schedule H3		0.00	0.00
(b) Levin Funds (from S	Schedule H5)	0.00	0.00
(c) Total Transfer (add	18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Line 12, 13, 14, 15, 16, 17, a	1 /	88269.50	791134.26
). Total Federal Receipts (subtract Line 18(c) from	n Line 19)	88269.50	791134.26

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 87

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		-
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
2	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committeesand Other Political Committees	154500.00	915000.00
4.	and Other Political Committees Independent Expenditure		
	(use Schedule E)	40000.00	40000.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	6580.29
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	194500.00	961580.29
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	104500.00	061500.00
	from Line 31)	194500.00	961580.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 87

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	88269.50	785579.89
44. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88269.50	785579.89
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any perso the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Frederick Allgower Mailing Address 513 Dragon Gate Contributing Henderson FEC ID number of contributing federal political committee. Name of Employer EPMG St Rose Dominican Hosp Receipt For: Primary General	State Zip Code NV 89012-7279 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: C1131738 Amount of Each Receipt this Period 1000.00
Tulsa FEC ID number of contributing federal political committee. Name of Employer emergency medicine physicians Receipt For:	State Zip Code OK 74114 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Benjamin D Armstrong Mailing Address 923 League St City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Cooper Hosp	State Zip Code PA 19147-3822 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date 1000.00	3000.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Jerome Jerome Augustine Mailing Address 5006 Macarthur Ct NW Apt 329 City Washington FEC ID number of contributing federal political committee. Name of Employer EMP Ltd - Dir Clinical Opert Receipt For: Primary General Other (specify)	State Zip Code DC 20016-3343 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 2 0 1 0 Transaction ID: C1130725 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Neal Finley Aulick, II, MD, FA Mailing Address 11 Aaronwoods Ct City Wheeling FEC ID number of contributing federal political committee. Name of Employer EMP of Ohio Co PLLC Receipt For: Primary General Other (specify)	State Zip Code WV 26003-9358 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dominic Joseph Joseph Bagnoli, Jr Mailing Address 50 E Dr City Hartville FEC ID number of contributing federal political committee. Name of Employer Emer Med Phys Ltd Receipt For: Primary General Other (specify)	State Zip Code OH 44632-8890 C Occupation Emergency Physician Aggregate Year-to-Date 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		6000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Po	onlical Action Committee	
Full Name (Last, First, Middle Initial) Mark Baker, MD, FACEP		Date of Receipt
Mailing Address 34 Puukani Pl		10 07 2010
City	State Zip Code	Transaction ID: C1131698
<u>Kailua</u>	HI 96734-2928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Pali Momi Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Joseph Betro	I	Date of Receipt
Mailing Address 41718 Chesterfiel	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1	
City	State Zip Code	Transaction ID: C1131549
Novi	MI 48375-4787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ER one	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) William A A Biggers, Jr	L	Date of Receipt
Mailing Address 101 Brock Ridge	Run	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1130726
Elizabeth City	NC 27909-8730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP of Pasquotank	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optio	nal)	3000.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpor NAME OF COMMIT	ses, other than using the name an	d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City New Haven FEC ID number of confederal political common Name of Employer Yale New Haven Medical Section 1. The section 1.	Stat CT Ontributing nittee. C Occu	pation rgency Physician	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 7 2 0 1 0 Transaction ID: C1130963 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	General ▼	egate Year-to-Date ▼ 500.00]
Full Name (Last, Firs Keith Thomas Thomas Mailing Address 14		te Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Charleston FEC ID number of confederal political comm	ontributing nittee.	29412-3632	Amount of Each Receipt this Period
Name of Employer Med Univ of SC Receipt For: Primary Other (specify)	General Eme	pation rgency Physician egate Year-to-Date ▼ 850.01	
Full Name (Last, Firs John C C Braaten Mailing Address 16	t, Middle Initial) 64 Jordon Blvd		Date of Receipt 1 0 0 7 2 0 1 0
City <u>Delmar</u> FEC ID number of co	Stat NY	'	Transaction ID: C1131696 Amount of Each Receipt this Period
federal political common Name of Employer Samaritan Hosp	nittee. Occu	pation rgency Physician	750.00
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 750.00]
SUBTOTAL of Receipt	s This Page (optional)		1350.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Jennifer H Bradstreet			Date of Receipt
	Mailing Address 106 E. Olive Ct		7: 0 1	10 07 2010
	City Atlantic Beach	State NC	Zip Code 28512-6529	Transaction ID: C1130960 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer EMP	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Robert I I Broida			Date of Receipt
	Mailing Address PO Box 5404			10 07 2010
	City	State	Zip Code	Transaction ID: C1131736
	Akron FEC ID number of contributing federal political committee.	OH C	44334-0404	Amount of Each Receipt this Period 1000.00
	Name of Employer Dr. Robert I Broida	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
_ c.	Full Name (Last, First, Middle Initial) Vanessa M M Brown			Date of Receipt
	Mailing Address 59 Cady St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Stamford	State CT	Zip Code 06907-2404	Transaction ID: C1130727
	FEC ID number of contributing federal political committee.	C	00907-2404	Amount of Each Receipt this Period 750.00
	Name of Employer Stamford Hosp	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)			2250.00
	TOTAL This Period (last page this line numbe	er only)	·	

	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the Check only one)
or for	commercial purposes, other than using the ME OF COMMITTEE (In Full)	name and address of any political co	r any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
/ Na	ational Emergency Medicine Political	Action Committee	
4. <u>Cra</u>	Il Name (Last, First, Middle Initial) aig A A Bryant		Date of Receipt
IVIa	iling Address 3 Broadway Ave		10 07 2010
Cit		State Zip Code	Transaction ID: C1131695
<u>M</u>	ystic	CT 06355-2701	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C	500.00
La	me of Employer wrence and Meml Hosp	Occupation Emergency Physician	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
	II Name (Last, First, Middle Initial) rge L L Cambo		Date of Receipt
Ма	iling Address 1143 Raintree Pl	10 13 Y Y Y Y Y Y	
Cit	•	State Zip Code	Transaction ID: C1132507
	inter Park	FL 32789-2563	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C	8.00
	me of Employer ner Phys Spec	Occupation Emergency Physician	
Re	ceipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼	6.33
	II Name (Last, First, Middle Initial) nothy John John Carr		Date of Receipt
Ma	iling Address 4304 Gray Heron Dr		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit N	y Myrtle Bch	State Zip Code SC 29582-9524	Transaction ID: C1131694 Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C	500.00
Na Dr	me of Employer . Timothy John Carr	Occupation Emergency Physician	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUB	FOTAL of Receipts This Page (optional)		1008.00

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpos NAME OF COMMITT	es, other than using the name and	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First L Anthony Anthony Cirl Mailing Address 91 City Saunderstown FEC ID number of cofederal political comm Name of Employer Emer Med Phys Receipt For: Primary	State RI ntributing ittee. C Occupa	02874-1943	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 2 0 1 0 Transaction ID: C1130730 Amount of Each Receipt this Period 1000.00
Full Name (Last, First Orion J J Colfer	, Middle Initial) Furnace St Unit 605 State OH Intributing	Zip Code 44308-1962	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	General Aggreg ▼	ation gency Physician gate Year-to-Date ▼ 1000.00	
Full Name (Last, First Christopher Corbit Mailing Address 75 City Akron FEC ID number of co federal political comm	Forest Mill Ln State OH Intributing	Zip Code 44319-4082	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Akron Gen Med Ctr E EM Receipt For: Primary Other (specify)	Aggreg General	ation gency Physician gate Year-to-Date ▼ 1100.00]
SUBTOTAL of Receipt	This Page (optional)		3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Kevin Corrigan			Date of Receipt
Mailing Address 160 Castaway Trl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130947
Mooresville	NC	28117-9675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Information Requested	Occupatio	n ion Requested	
Receipt For:		e Year-to-Date	
Primary General Other (specify) ▼	, iggi ogait	1000.00	
Full Name (Last, First, Middle Initial) Timothy Corvino			Date of Receipt
Mailing Address Dept of EM 2525 Ct Dr Apt 1303			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1131734
Gastonia	NC	28054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Gaston Mem Hosp	Occupation Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Stephen R R Dannewitz			Date of Receipt
Mailing Address PO Box 31248			10 07 YYYY 10 07 2010
City	State	Zip Code	Transaction ID: C1131692
El Paso	TX	79931-0248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Dr. Stephen R Dannewitz	Occupation Emerger	n ncy Physician	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional))	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and So or for commercial purposes, other than using the	tatements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	nmittee	
Full Name (Last, First, Middle Initial) Jesse Mark Mark DiRando			Date of Receipt
Mailing Address 5690 Great Northern B	lvd Apt G		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130919
N Olmsted	ОН	44070-5642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emerg Med Physicians	Occupation	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Joseph Mark Mark Dougherty Mailing Address 12 Beech Wood Dr			Date of Receipt 1 0 0 7 2 0 1 0
City Wheeling	State WV	Zip Code 26003-6608	Transaction ID: C1130907
FEC ID number of contributing federal political committee.	C	20003-0000	Amount of Each Receipt this Period 750.00
Name of Employer Ohio Valley Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Carolyn Stacy Stacy Dutton			Date of Receipt
Mailing Address 837 Park Slope Dr			10 07 YYYY 10 07 2010
City	State	Zip Code	Transaction ID: C1131691
Charlotte	NC	28209-2049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Dr. Carolyn Stacy Dutton	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			2050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 87 (check only one) X
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	I Statements may not be sold or used by any personal he name and address of any political committee to call Action Committee	on for the purpose of soliciting contributions of solicit contributions from such committee.
/	ALL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		10 07 2010
City	State Zip Code	Transaction ID: C1130903
Voorheesville	NY 12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1750.01]
Full Name (Last, First, Middle Initial) Robert J J Faflik		Date of Receipt
Mailing Address 5497 Governors Ave	NW	M M / D D / Y Y Y Y Y 1 1 0 0 7 2 0 1 0
City	State Zip Code	Transaction ID: C1131684
Canton	OH 44718-1455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Emerg Med Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Robert R R Farquharson		Date of Receipt
Mailing Address 6707 Wakehurst Rd		10 07 2010
City	State Zip Code	Transaction ID: C1131727
Charlotte	NC 28226-5565	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emerg Med Phys	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 16 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee		
	Full Name (Last, First, Middle Initial) Bernard Joseph Joseph Ferguson, IV		Date of Receipt	
	Mailing Address 81 Pearl St	Ctata 7in Code	10 07 2010	
	City Noank	State Zip Code CT 06340-5762	Transaction ID: C1131682 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer Lawrence & Mem Hosp	Occupation Emergency Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
	Full Name (Last, First, Middle Initial) Russell J J Firman		Date of Receipt	
	Mailing Address 112 Woodberry Ln		10 07 YYYY 10 07 2010	
	City	State Zip Code	Transaction ID: C1131723	
	<u>Fayetteville</u>	NY 13066-1746	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer Cortland Regl Med Ctr	Occupation Emergency Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
	Full Name (Last, First, Middle Initial) Gary P Foley		Date of Receipt	
	Mailing Address 1119 Denney Dr		10 01 2010	
	City	State Zip Code	Transaction ID: C1130679	
	Duluth FEC ID number of contributing federal political committee.	MN 55805-1539	Amount of Each Receipt this Period 250.00	
	Name of Employer SMDC ED	Occupation Emergency Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Γ,	SURTOTAL of Receipts This Page (optional)		1250.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Emergency Medicine F	ts and Statements may not be sold or used by any persousing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) William R Fraser Mailing Address 390 Delaneys C	Nie	Date of Receipt	
City	State Zip Code	1 0 0 7 2 0 1 0 Transaction ID: C1130900	
Powell	OH 43065-7543	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Doctors Hosp	Occupation Emergency Physician	7	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Anita Marie Marie Gage	I	Date of Receipt	
Mailing Address 2174 N Hameto	own Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Akron	State Zip Code OH 44333-1026	Transaction ID: C1131681	
FEC ID number of contributing federal political committee.	C 44333-1020	Amount of Each Receipt this Period 1000.00	
Name of Employer EMP Ltd	Occupation Emergency Physician	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
Full Name (Last, First, Middle Initial) Michael David David Garfinkel	I	Date of Receipt	
Mailing Address 1677 Beechwoo	od Blvd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Pittsburgh	State Zip Code PA 15217-1433	Transaction ID: C1130896 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer EMP of Allegheny Co	Occupation Emergency Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (op	tional)	2500.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any person the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Heather R R Godale Mailing Address 447 Malvern Rd City Akron FEC ID number of contributing federal political committee. Name of Employer Massillon Comm Hosp Receipt For: Primary General	State Zip Code OH 44303-1737 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Carl Goodman Mailing Address 5 Heidi Ln	1000.00	Date of Receipt
City Mount Sinai FEC ID number of contributing federal political committee. Name of Employer Brookhaven Mem Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 11766-1428 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Transaction ID: C1130731 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Jason Greenbaum Mailing Address 77 Soundview Ave City Stamford FEC ID number of contributing federal political committee. Name of Employer Emer Med Phys	State Zip Code CT 06902-6111 C Occupation Emergency Physician	Date of Receipt M M / D D / Y Y Y Y Y 1 0 7 2 0 1 0 Transaction ID: C1131642 Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 1100.00	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	mittee	
Full Name (Last, First, Middle Initial) Alexander Grinshpun			Date of Receipt
Mailing Address 2105 Sausse Ave # 38 Apt 3B	В		10 13 2010
City	State	Zip Code	Transaction ID: C1131755
Troy	NY	12180-1739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dr Alexander Grinshpun	Occupation		
Receipt For:	- 	cy Physician Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	Year-10-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Maya R R Heinert	1		Date of Receipt
Mailing Address 1532 37th St			M M / D D / Y Y Y Y Y Y Y 1 1 0 0 7 2 0 1 0
City	State	Zip Code	Transaction ID: C1131605
Sacramento	CA	95816-6704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emerg Med Phys	Occupation Emergen	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Terry Glenn Glenn Hensley			Date of Receipt
Mailing Address 3116 Rolston Rd			10 07 YYYYY 10 07 2010
City	State	Zip Code	Transaction ID: C1131604
Greenville	NC	27858-6255	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EMP of Craven County PLLC	Occupation Emergen	cy Physician	
Receipt For: Primary General Other (specify) ▼	, · · · · ·	Year-to-Date ▼	
		0 0 0 0 0 0 0	2250.0

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 87 (check only one) X	
or for commercial NAME OF CO	opied from such Reports and spurposes, other than using the MMITTEE (In Full) pergency Medicine Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (La: Keia Hewitt Mailing Addres	st, First, Middle Initial))r		Date of Receipt
City		State	Zip Code	1 0 0 1 2 0 1 0 Transaction ID: C1130732
<u>Charlotte</u>		NC	28226-3359	Amount of Each Receipt this Period
FEC ID number federal political	er of contributing I committee.	C		1000.00
Name of Empl CMC Union H	oyer osp	,	ncy Physician	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Las B. Edwin M M Hin	st, First, Middle Initial)			Date of Receipt
	s 19748 Catherine Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C1131732
<u>Tinley Park</u>		<u>IL</u>	60487-4433	Amount of Each Receipt this Period
FEC ID number federal politica	er of contributing I committee.	C		1000.00
Name of Empl St James Olyr	oyer npia Fields	, ·	ncy Physician	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
,	st, First, Middle Initial) utkay, DO, FACEP			Date of Receipt
Mailing Addres	s 1464 Stoolfire Rd			10 07 2010
City Valley Grove	Э	State WV	Zip Code 26060-7934	Transaction ID: C1130894 Amount of Each Receipt this Period
FEC ID numbe federal politica	er of contributing I committee.	C		1000.00
Name of Empl EMSTAR OVI	over MC	Occupatio Emergen	n ncy Physician	
Receipt For: Primary Other (s	General pecify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of F	Receipts This Page (optional) .	1		3000.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
, , ,		solicit contributions from such committee.
/	al Action Committee	
Full Name (Last, First, Middle Initial) Bogdan M Irimies Mailing Address 640 Penn St		Date of Receipt
City	State Zip Code	1 0 0 7 2 0 1 0 Transaction ID: C1131601
Charlotte FEC ID number of contributing federal political committee.	NC 28203-4154	Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Richard Lee Lee Jablow Mailing Address 60 Palisade Terr		Date of Receipt
		10 13 2010
City Glastonbury	State Zip Code CT 06033-3144	Transaction ID: C1131751 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emer Med Phys	Occupation Emergency Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) John Janikas		Date of Receipt
Mailing Address 43 Outlook Dr S		10 07 YYYY 10 07 2010
City Mechanicville	State Zip Code NY 12118-3642	Transaction ID: C1131598 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Samaritan Hosp	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .		1500.00

ITEMIZED RECEIPTS for each category		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	nmittee	
Full Name (Last, First, Middle Initial) Bruce G G Jones			Date of Receipt
Mailing Address 465 Woodard PI			10 07 YYYY 10 07 2010
City	State	Zip Code	Transaction ID: C1130891
Powell	OH	43065-7448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emerg Med Phys	Occupation Emergen	n cy Physician	1
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	33 23 25	500.00	
Full Name (Last, First, Middle Initial) Brian M Kelley	I		Date of Receipt
Mailing Address 1528 Mount Isle Harbo EMP/Gaston Memorial			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1131595
Charlotte	NC	28214-5402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Gaston Memorial Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jayne M M Kendall			Date of Receipt
Mailing Address 1016 Tomshire Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1131730
Gastonia	NC	28056-2204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EMP of Gaston County	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 23 / 87 (check only one) X	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	ne name and address of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Robert Haig Haig Kezirian Mailing Address 2124 W Rue St Miche	el	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y	
City Fresno	State Zip Code CA 93711-1260	Transaction ID: C1131721 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	Occupation	1000.00	
Name of Employer Childrens Hosp Central CA Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date 1100.00		
Full Name (Last, First, Middle Initial) Tara L Kiger Mailing Address 1535 Route 9		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Ocean View FEC ID number of contributing federal political committee.	State Zip Code NJ 08230-1348 C	Transaction ID: C1130887 Amount of Each Receipt this Period 1000.00	
Name of Employer Tara L Kiger, MD Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1000.00		
Full Name (Last, First, Middle Initial) Kevin Michael Klauer, DO, FACEP Mailing Address 4281 Glenmoor Rd N	W	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City Canton	State Zip Code OH 44718-2255	Transaction ID: C1131719 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer EMP Ltd	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
SUBTOTAL of Receipts This Page (optional) .	·····	3000.00	

ITEMIZED RECEIPTS for each		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 87 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Stanley E E Koontz			Date of Receipt
Mailing Address 105 Hyacinth Ln			10 07 2010
City	State	Zip Code	Transaction ID: C1131593
New Bern	NC	28562-3672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Craven Regl Med Ctr	Occupatio	n ncy Physician	
Receipt For:		e Year-to-Date	\dashv
Primary General Other (specify) ▼	, iggi egale	500.00	
Full Name (Last, First, Middle Initial) Ronald E Kurzeika	<u>I</u>		Date of Receipt
Mailing Address 2483 Potters Turn			M M / D D / Y Y Y Y Y Y Y 1 1 0 0 7 2 0 1 0
City	State	Zip Code	Transaction ID: C1130885
Kankakee	IL	60901-7392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Provena St Marys Trauma Ctr	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Norman Label			Date of Receipt
Mailing Address PO Box 846			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1131591
Nevada City	CA	95959-0846	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emer Phys Med Grp Inc	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 87 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter R R Later Mailing Address 64 Windward Way			Date of Receipt
City Waterford FEC ID number of contributing	State CT	Zip Code 06385-3216	1 0 0 7 2 0 1 0 Transaction ID: C1130884 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify) General	Occupation Emergen	n ncy Physician e Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Donald Lombino Mailing Address 111A connecticut a	ave		Date of Receipt 1 0 0 1 2 0 1 0
City greenwich FEC ID number of contributing federal political committee.	State CT	Zip Code 06830	Transaction ID: C1130729 Amount of Each Receipt this Period 1000.00
Name of Employer The Stamford Hosp Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Ricardo Machado Mailing Address 886 Polaris Crossi	ng Blvd		Date of Receipt
City Westerville FEC ID number of contributing	State OH	Zip Code 43081-8974	Transaction ID: C1130709 Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer Emer Med Phys	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)		2500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 87 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane and add	 y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Medicine Politic	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Merci G G Madar			Date of Receipt
Mailing Address 501 Leeward Ln			10 01 YYYYY 2010
City	State	Zip Code	Transaction ID: C1130681
<u>Enola</u>	PA	17025-1348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Dr. Merci G Madar	Occupatio Emerger	n ncy Physician	
Receipt For:		e Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	7 iggi ogali	1000.00	
Full Name (Last, First, Middle Initial) Kevin D D Markowski	•		Date of Receipt
Mailing Address 572 White Tail Ridge	e Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130728
<u>Fairlawn</u>	ОН	44333-3288	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Emerg Med Phys	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Katherine Mayer			Date of Receipt
Mailing Address 234 Magnolia Ave Unit 1242			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1131753
Charlotte	NC	28203-5638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emergency Medicine Physic- ians	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	550.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Medicine Politica	al Action Com	nmittee	
Full Name (Last, First, Middle Initial) John McCourt Mailing Address 9436 Steeplehill Dr			Date of Receipt
Mailing Address 9436 Steeplehill Dr City	State	Zip Code	1 0 0 7 2 0 1 0 Transaction ID: C1131590
Las Vegas	NV	89117-7270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EPMG	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Edward McCutcheon			Date of Receipt
Mailing Address 1241 Princeton Ave			10 07 7 2010
City	State	Zip Code	Transaction ID: C1130881
Charlotte	NC	28209-1429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PEMA	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Stephen W W Meldon			Date of Receipt
Mailing Address 2918 Bunnell Ct			10 01 2010
Clayeland	State	Zip Code	Transaction ID: C1130711
Cleveland	OH	44113-3039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emergency Medicine Physic- ians	Occupation Emergen	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional) .	1		1750.00
TOTAL This Period (last page this line numbe		<u> </u>	

on copied from such Reports and Scial purposes, other than using the COMMITTEE (In Full) Emergency Medicine Political (Last, First, Middle Initial) odress 17 Summit Walk Trl on mber of contributing tical committee. mployer orninican r: ary General r (specify) (Last, First, Middle Initial) C Neuman dress 1104 Berwick Ct	State NV C Occupation Emergence	Zip Code 89052-6696	Date of Receipt Date of Receipt Transaction ID: C1131718 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: C1131718 Amount of Each Receipt this Period Transaction ID: C1131716 Amount of Each Receipt this Period
Emergency Medicine Political (Last, First, Middle Initial) (dress 17 Summit Walk Trl On mber of contributing tical committee. mployer ominican r: ary General r (specify) (Last, First, Middle Initial) C Neuman dress 1104 Berwick Ct	State NV C Occupation Emergence Aggregate V	Zip Code 89052-6696 by Physician Year-to-Date ▼ 1000.00	Transaction ID: C1131718 Amount of Each Receipt this Period Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
dress 17 Summit Walk Trl on mber of contributing tical committee. mployer ominican r: ary General r (specify) (Last, First, Middle Initial) C Neuman dress 1104 Berwick Ct	Occupation Emergence Aggregate State NC	89052-6696 cy Physician Year-to-Date ▼ 1000.00 Zip Code	Transaction ID: C1131718 Amount of Each Receipt this Period Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mber of contributing tical committee. mployer ominican r: ary General r (specify) (Last, First, Middle Initial) C Neuman dress 1104 Berwick Ct	Occupation Emergence Aggregate State NC	89052-6696 cy Physician Year-to-Date ▼ 1000.00 Zip Code	1 0
mber of contributing tical committee. mployer ominican r: ary General r (specify) (Last, First, Middle Initial) C Neuman dress 1104 Berwick Ct	Occupation Emergence Aggregate State NC	89052-6696 cy Physician Year-to-Date ▼ 1000.00 Zip Code	Date of Receipt Date of Receipt 1000.00 Date of Receipt 100 Transaction ID: C1131716 Amount of Each Receipt this Period
mber of contributing tical committee. mployer ominican r: ary General r (specify) (Last, First, Middle Initial) C Neuman dress 1104 Berwick Ct	Occupation Emergence Aggregate v	cy Physician Year-to-Date ▼ 1000.00 Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mployer ominican r: ary General r (specify) (Last, First, Middle Initial) C Neuman dress 1104 Berwick Ct	Occupation Emergence Aggregate v	y Physician Year-to-Date ▼ 1000.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
r: ary General r (specify) ▼ (Last, First, Middle Initial) C Neuman dress 1104 Berwick Ct mber of contributing	Aggregate State NC	y Physician Year-to-Date ▼ 1000.00 Zip Code	Transaction ID: C1131716 Amount of Each Receipt this Period
ary General r (specify) ▼ (Last, First, Middle Initial) C Neuman dress 1104 Berwick Ct mber of contributing	Aggregate State	Year-to-Date ▼ 1000.00 Zip Code	Transaction ID: C1131716 Amount of Each Receipt this Period
ary General r (specify) ▼ (Last, First, Middle Initial) C Neuman dress 1104 Berwick Ct mber of contributing	State NC	1000.00 Zip Code	Transaction ID: C1131716 Amount of Each Receipt this Period
C Neuman dress 1104 Berwick Ct mber of contributing	NC	•	Transaction ID: C1131716 Amount of Each Receipt this Period
dress 1104 Berwick Ct	NC	•	Transaction ID: C1131716 Amount of Each Receipt this Period
	NC	•	Transaction ID: C1131716 Amount of Each Receipt this Period
		•	Amount of Each Receipt this Period
	C		
			1000.00
mployer Phys	Occupation Emergend	cy Physician	
r: ary General r (specify) ▼	Aggregate `	Year-to-Date ▼ 1000.00	
(Last, First, Middle Initial)			Date of Receipt
dress 509 Woodland Rd			10 07 2010
	State	Zip Code	Transaction ID: C1131715
	CA	94904-2637	Amount of Each Receipt this Period
mber of contributing tical committee.	C		500.00
mployer osp			
r: ary General r (specify) ▼	,	· ·	
1	pomnick dress 509 Woodland Rd mber of contributing tical committee. mployer osp r: gary General	pomnick dress 509 Woodland Rd State CA The contributing tical committee. The comployer open composed on the complex open composed on the co	pomnick dress 509 Woodland Rd State Zip Code CA 94904-2637 The proof contributing tical committee. The proof of contributing tical committee. C C C C C C C C C C C C C C C C C C C

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 87 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Com	mittee	
Full Name (Last, First, Middle Initial) Jeffrey G Norvell			Date of Receipt
Mailing Address 5345 Norwood Road	1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1103367
Fairway	KS	66205-2647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Kansas Hosp- ital	Occupation Physician		
Receipt For:	- 	Year-to-Date ▼	7
Primary General Other (specify) ▼	35 15 340	250.00	
Full Name (Last, First, Middle Initial) Susan A O'Malley			Date of Receipt
Mailing Address 6 Prospect Dr			10 07 YYYYY 10 07 2010
City	State	Zip Code	Transaction ID: C1131589
Brentwood	NY	11717-2352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Brookhaven Mem Hosp	Occupation Emergend	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) David Ryan Obert			Date of Receipt
Mailing Address 862 Rainbolt Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130879
Henderson	NV	89052-0445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Univ Med Ctr	Occupation Emergend	cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to tical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael B B Osmundson Mailing Address 13 Hibernia Rd City	State Zip Code GA 31411-1454	Date of Receipt 10 07 2010 Transaction ID: C1131713
Savannah FEC ID number of contributing federal political committee.	GA 31411-1454	Amount of Each Receipt this Period 1000.00
Name of Employer GEPS Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) Gregory L Oswald Mailing Address 5829 Sylmar Dr		Date of Receipt 10 07 2010
City Broadview Hts	State Zip Code OH 44147-2200	Transaction ID: C1130877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	700.00
Gregory L O'swáld, MD Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 700.00]
Full Name (Last, First, Middle Initial) David C Packo, MD, FACEP Mailing Address Emer Med Phys 4535 Dressler Rd N	INA/	Date of Receipt 1 0 0 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City Canton	State Zip Code OH 44718-2545	Transaction ID: C1130712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emer Med Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)	2700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 87 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
Full Name (Last, First, Middle Initial) Lawrence Neil Neil Payne		Date of Receipt
Mailing Address 1803 E 136th PI S		10 7 2010
City Bixbv	State Zip Code OK 74008	Transaction ID: C1130876 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Daniel L Pendleton		Date of Receipt
Mailing Address 95 Blaven Dr		10 07 2010
City	State Zip Code	Transaction ID: C1130875
<u>Henderson</u>	NV 89002-0515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EPMG	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) John Perrin		Date of Receipt
Mailing Address 927 Scott Blvd Apt 208		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1131709
Decatur FEC ID number of contributing federal political committee.	GA 30030-1306	Amount of Each Receipt this Period 1000.00
Name of Employer Emory Univ Schl of Med	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	and Statements may not be sold or used by any person g the name and address of any political committee to stitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Shawn L L Posin		Date of Receipt
Mailing Address 13 Lynwood Ave		10 01 2010
City	State Zip Code	Transaction ID: C1130714
Wheeling	WV 26003-5948	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Dr. Shawn L Posin	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Carol H H Roeder		Date of Receipt
Mailing Address 10 Fernbank Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1130870
Delmar	NY 12054-4003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Albany Mem Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Marilyn J J Rogers		Date of Receipt
Mailing Address 105 Riverpoint Rd		1 0 0 5 2 0 1 0
City	State Zip Code	Transaction ID: C1131742
Signal Mountain	TN 37377-2237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Erlanger North Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any perso sing the name and address of any political committee to	n for the purpose of soliciting contributions
National Emergency Medicine Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) B Joshua Rubin		Date of Receipt
Mailing Address 3300 Douglas BI Apt 336	vd # 405	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1131588
Roseville	CA 95661-3841	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Steven P P Rudis	I	Date of Receipt
Mailing Address 9796 Diversified		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1130869
Ellicott City	MD 21042-1792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Lawrence J Satkowiak		Date of Receipt
Mailing Address 2807 W Decatur	Ave	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1131586
Fresno FEC ID number of contributing federal political committee.	CA 93711-0356	Amount of Each Receipt this Period 1000.00
Name of Employer Lawrence J Satkowiak , MD	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opti	onal)	3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Date of Descipt
Steven J J Schorer Mailing Address 9215 Stollwood Ct		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1131584
Granite Bay	CA 95746-6753	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Mercy San Juan Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Chet D D Schrader		Date of Receipt
Mailing Address 3249 Forestbrook Di	r	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: C1104869
Richardson	TX 75082-2691	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer WA Univ Schl of Med	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) David W W Schroeder		Date of Receipt
Mailing Address 5965 Greenbrier Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Franklin</u>	State Zip Code TN 37064-9280	Transaction ID: C1131706 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dr. David W'Schroeder	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)) >	2050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 87 (check only one) X
Ar	ry information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Con	nmittee	
A .	Full Name (Last, First, Middle Initial) Sydney E E Shrader Mailing Address 1642 Burgess Rd			Date of Receipt
		Chaha	7: On de	10 07 2010
	City Woodford	State VT	Zip Code 05201-8957	Transaction ID: C1130867 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Samaritan Hosp	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Suzy Schneider Schneider Shukovsky Mailing Address 41 Old Highway			Date of Receipt
		01-1-	7' - 0 - 1-	10 07 2010
	City Wilton	State CT	Zip Code 06897-3114	Transaction ID: C1130865 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EMP of Fairfield LLC	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
—).	Full Name (Last, First, Middle Initial) Rhett Silver		Date of Receipt	
	Mailing Address 1 E Delaware PI Apt 2	24D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State IL	Zip Code 60611-4982	Transaction ID: C1131583
	FEC ID number of contributing federal political committee.	C	00011-4902	Amount of Each Receipt this Period 1000.00
	Name of Employer Emer Med Phys	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional) .			3000.00
	OTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 87 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Com	nmittee	
Full Name (Last, First, Middle Initial) Mark Slabinski			Date of Receipt
Mailing Address 67043 Old 21 Rd			M M / D D / Y Y Y Y Y Y 1 D D / 2010
City	State	Zip Code	Transaction ID: C1130718
Cambridge	OH	43725-9402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Dr. Mark Slabinski	Occupation Emergen	n cy Physician	
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	riggregate	1000.00	
Full Name (Last, First, Middle Initial) Gregory M M Smith			Date of Receipt
Mailing Address 10222 Questa Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130716
Wadsworth	ОН	44281-8864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EMP	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Trent W W Smith			Date of Receipt
Mailing Address 9393 E Palo Brea B	nd Unit 1052		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130719
Scottsdale	AZ	85255-6508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Alle-Kiski Med Ctr	Occupation Emergen	n cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	33 13411	500.00	
SUBTOTAL of Receipts This Page (optional	,		2500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Daniel Snediker Mailing Address 563 Ocean Ave			Date of Receipt
				10 07 2010
	City New London	State CT	Zip Code 06320-4534	Transaction ID: C1131705 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer EMP of New London	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1100.00	
В.	Full Name (Last, First, Middle Initial) Richard Clark Clark Stuntz, Jr Mailing Address 4 Courageous			Date of Receipt
				10 07 2010
	City Lake Wylie	State SC	Zip Code 29710-9281	Transaction ID: C1131582 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer EMP	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 700.00	
_ c.	Full Name (Last, First, Middle Initial) Jerry Albert Albert Taylor			Date of Receipt
	Mailing Address 761 Stonebridge Ct			1 0 0 7 2 0 1 0
	City N Huntingdon	State PA	Zip Code	Transaction ID: C1131581
	FEC ID number of contributing federal political committee.	C	15642-1934	Amount of Each Receipt this Period 1000.00
	Name of Employer EMP	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00
	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Donovan Thompson			Date of Receipt
Mailing Address 4408 Lakeshore Rd N			10 07 YYYY 10 07 2010
City	State	Zip Code	Transaction ID: C1131580
Denver	NC	28037-9198	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer PEMA	Occupatio		
		ncy Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Melinda S S Threlkeld			Date of Receipt
Mailing Address 3208 Selwyn Farms Ln Apt 6	Apt 6		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130720
Charlotte	NC	28209-4056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		260.00
Name of Employer Gaston Mem Hosp	Occupation Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Wendy Joy Toole			Date of Receipt
Mailing Address 1 Crooked Bow Path			10 07 2010
City	State	Zip Code	Transaction ID: C1130859
Mattapoisett	MA	02739-1111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Jordan Hosp	Occupation Emerger	n ncy Physician	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1760.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Cynthia Jeanne Tucker			Date of Receipt
Mailing Address 19250 Raymond St			10 07 YYYY 2010
City	State	Zip Code	Transaction ID: C1131579
Grosse Pointe Wood	MI	48236-1928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St John Hosp & Med Ctr	Occupatio Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) John R R Tucker			Date of Receipt
Mailing Address 12440 Alta Mesa			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1131702
Auburn	CA	95603-3536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emer Phys Med Grp Inc	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Travis Ulmer			Date of Receipt
Mailing Address 420 Queens Rd Apt 1 Apt A			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130857
Charlotte	NC	28207-1700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Gaston Memi	Occupatio Emerger	n acy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check diffy dife)
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) National Emergency Medicine	orts and Statements may not be sold or used by an using the name and address of any political comme	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Bruce S S Ushkow Mailing Address 24 Fieldstone City Delmar FEC ID number of contributing federal political committee.		Date of Receipt M M
Name of Employer Samaritan Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.0	00
Full Name (Last, First, Middle Initia Bradley Alan Watling Mailing Address 109 Viewpoin		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mooresville FEC ID number of contributing federal political committee. Name of Employer PEMA	NC 28117-7558 C Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 1000.0	00
Full Name (Last, First, Middle Initial David Wirtz Mailing Address 1 Highgate N	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ithaca FEC ID number of contributing	State Zip Code NY 14850	Transaction ID: C1130723 Amount of Each Receipt this Period
federal political committee. Name of Employer EMP	Occupation Physician	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
SUBTOTAL of Receipts This Page (optional)	1550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	schedule(s) gory of the	FOR LINE NUMBER: PAGE 41 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic		sed by any person ical committee to so	
Full Name (Last, First, Middle Initial) David O Wright Mailing Address PO Box 1000 City Barboursville FEC ID number of contributing federal political committee. Name of Employer Emer Med Phys Receipt For: Primary General Other (specify)	State Zip Code WV 25504-3000 C Occupation Emergency Physician Aggregate Year-to-Date		Date of Receipt M M M / D D / 2010 Transaction ID: C1130724 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Howard M M Yang Mailing Address 7031 Casa Encantad Apt 2054 City Las Vegas FEC ID number of contributing federal political committee. Name of Employer St Rose Dominican Hosps Receipt For: Primary General Other (specify)	State Zip Code NV 89118-056 C Occupation Emergency Physician Aggregate Year-to-Date		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Christian F Young Mailing Address 2509 Via De Pallon C City Henderson FEC ID number of contributing federal political committee. Name of Employer Univ Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NV 89074-592 C Occupation Emergency Physician Aggregate Year-to-Date		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	3000.00 86718.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political Communication of the National Communication of the	Statements may not be sold or used by any perse name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jimmie R R Appel, Jr Mailing Address PO Box 7846 City Amarillo FEC ID number of contributing federal political committee. Name of Employer Dr. Jimmie R Appel, Jr Receipt For: Primary General Other (specify)	State Zip Code TX 79114-7846 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 100.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) David Arrowsmith Mailing Address 2200 Pacific Ave Apt Apt 11D City San Francisco FEC ID number of contributing federal political committee. Name of Employer Peninsula Hosp Receipt For: Primary General Other (specify)	State Zip Code CA 94115-1414 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kent N N Bailey Mailing Address 1512 Portwine Ct City LIbertyville FEC ID number of contributing federal political committee. Name of Employer Infinity Healthcare Receipt For: Primary General Other (specify)	State Zip Code IL 60048-5314 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 17 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Edward Edward Bair Mailing Address 1435 Hunter Rd City Rydal FEC ID number of contributing federal political committee. Name of Employer Abington Emer Phys Assoc Receipt For: Primary General Other (specify)	,	Zip Code 19046-1214 n ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John Timothy Timothy Baldwin Mailing Address 10312 Little Pond Dr City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer JTB Inc Receipt For: Primary Other (specify)	, i – –	Zip Code 73162-6863	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffrey R R Barnes Mailing Address 7606 NW 50th Ct City Coral Springs FEC ID number of contributing federal political committee. Name of Employer N Broward Medical Center Receipt For: Primary General Other (specify)	, ' 	Zip Code 33067-2052 n ncy Physician Year-to-Date 100.00	Date of Receipt M M M / D D D / Y Y Y Y Y 1 0 1 3 2 0 1 0 Transaction ID: C1132501 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any personal name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Michael Baumlin Mailing Address 217 W 19th St Apt 5N City New York FEC ID number of contributing federal political committee. Name of Employer Mount Sinai Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 10011-4007 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 3 2 0 1 0 Transaction ID: C1132502 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) William A A Boehm Mailing Address 1708 Juniper Dr Box City Alamogordo FEC ID number of contributing federal political committee. Name of Employer Dr. William A Boehm Receipt For: Primary General Other (specify)	State Zip Code NM 88310-3953 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Walter J J Bradley Mailing Address 2701 17th St City Rock Island FEC ID number of contributing federal political committee. Name of Employer Trinity Med Ctr Receipt For: Primary General Other (specify)	State Zip Code IL 61201-5351 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 🔀
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Wallace Monroe Monroe Broadbent Mailing Address 9887 Q Ave City Mattawan FEC ID number of contributing federal political committee. Name of Employer Kalamazoo Emer Assoc Receipt For: Primary General Other (specify)	State Zip Code MI 49071-9435 C Occupation Emergency Physician Aggregate Year-to-Date 400.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Reginald M Brown Mailing Address 3662 Blackberry Ln City Ellicott City FEC ID number of contributing federal political committee. Name of Employer University of Maryland Receipt For: Primary General Other (specify)	State Zip Code MD 21042-1213 C Occupation Emergency Physician Aggregate Year-to-Date 50.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 3 2010 Transaction ID: C1132506 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Donald L L Cantway Mailing Address Box 1371 City Laramie FEC ID number of contributing federal political committee. Name of Employer Intrawest Med Svcs Receipt For: Primary General Other (specify)	State Zip Code WY 82073-1371 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose V Carrillo Mailing Address PO BOX 7999 City Mayaguez FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code PR 00681-7999 C Occupation Information Requested Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 3 2010 Transaction ID: C1132549 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Paul D Casey, MD, FACEP Mailing Address 101 Cherry St Unit 41 Unit 410 City Green Bay FEC ID number of contributing federal political committee. Name of Employer Bellin Mem Hosp Receipt For: Primary General Other (specify)	OState Zip Code WI 54301-4247 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 1 1 2010 Transaction ID: C1126290 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Deborah Ruth Ruth Cintron Mailing Address 446 GA Hwy 338 City Dublin FEC ID number of contributing federal political committee. Name of Employer Dr. Deborah Ruth Cintron Receipt For: Primary General Other (specify)	State Zip Code GA 31021-0647 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any personal name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Arthur C C Cohn Mailing Address PO Box 883 City Kentfield FEC ID number of contributing federal political committee. Name of Employer Marin Genl Hosp Receipt For: Primary General Other (specify)	State Zip Code CA 94914-0883 C Occupation Emergency Physician Aggregate Year-to-Date 50.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Paul Thomas Thomas Cowan, Jr Mailing Address 35815 Tarpon Dr City Lewes FEC ID number of contributing federal political committee. Name of Employer Beebe Med Ctr Receipt For: Primary General Other (specify)	State Zip Code DE 19958-5049 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Geoffrey M M Crockett Mailing Address 652 Pioneer Fork Rd City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Dr. Geoffrey M Crockett Receipt For: Primary General Other (specify)	State Zip Code UT 84108-1606 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	I Action Con	nmittee	
۱.	Full Name (Last, First, Middle Initial) Terence J J Duffy Mailing Address 9507 Shady Cove Ln			Date of Receipt
				10 11 2010
	City Chattanooga	State TN	Zip Code	Transaction ID: C1126281
	FEC ID number of contributing federal political committee.	C	37421-2060	Amount of Each Receipt this Period 50.00
	Name of Employer Hamilton Med Ctr	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 50.00	
	Full Name (Last, First, Middle Initial) Carl M M Ferraro			Date of Receipt
	Mailing Address 2525 S Michigan Ave			10 13 2010
	City State Zip Code			Transaction ID: C1132511
	Chicago	IL	60616-2333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mercy Hosp & Medical Ctr	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		100.00	
	Full Name (Last, First, Middle Initial) Leah Marsot Gapinski			Date of Receipt
	Mailing Address 1035 Orange Ave E			10 13 2010
	City	State	Zip Code	Transaction ID: C1132512
	Saint Paul	MN	55106-2055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer HealthPartners	, ' 	icy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 100.00	1
	Other (specify) ▼			
	SUBTOTAL of Receipts This Page (optional)			250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James F F Giglio Mailing Address 28 King Arthur Ct City New City FEC ID number of contributing federal political committee. Name of Employer Columbia Presbyterian Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NY 10956-6352 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Terry Alan Alan Grant Mailing Address 211 Plantation Rd City Goldsboro FEC ID number of contributing federal political committee. Name of Employer Goldsboro Emer Med Spec Receipt For: Primary General Other (specify)	State Zip Code NC 27530-9091 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeff Dale Dale Greenlee Mailing Address 9464 Ashford PI City Brentwood FEC ID number of contributing federal political committee. Name of Employer Dr. Jeff Dale Greenlee Receipt For: Primary General Other (specify)	State Zip Code TN 37027-8717 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .		300.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate scl for each category Detailed Summa	of the (check only one)
ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Brian L L Gruber		Date of Receipt
Mailing Address 328 Grace St		10 13 2010
City Smithfield	State Zip Code VA 23430-1112	Transaction ID: C1132515 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Maryview Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	100.00
Full Name (Last, First, Middle Initial) Michael C C Holt		Date of Receipt
Mailing Address 4014 Mandan Cresc		10 06 7 4 4 4
City	State Zip Code WI 53711-3006	Transaction ID: C1126292
Madison FEC ID number of contributing federal political committee.	WI 53711-3006	Amount of Each Receipt this Period 100.00
Name of Employer Madison Emergency Physici- ans	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	100.00
Full Name (Last, First, Middle Initial) David Kasarda		Date of Receipt
Mailing Address 3175 Friedens Ln		10 06 YYYYY 2010
City Center Valley	State Zip Code PA 18034-9461	Transaction ID: C1126293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Lukes Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	100.00
SUBTOTAL of Receipts This Page (optional	1	300.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
A C	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	al Action Cor	mmittee	
۷.	Full Name (Last, First, Middle Initial) Antonios D D Katsetos			Date of Receipt
	Mailing Address 10 E 4th St Apt 305 Apt 305			10 13 2010
	City Erie	State PA	Zip Code 16507-1479	Transaction ID: C1132518
	FEC ID number of contributing federal political committee.	C	10007 1473	Amount of Each Receipt this Period 100.00
	Name of Employer Unity Hospital ED	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 100.00	
 3.	Full Name (Last, First, Middle Initial) Seth A A Kaufman			Date of Receipt
	Mailing Address 1301 Parker St			10 13 2010
	City Berkeley	State CA	Zip Code	Transaction ID: C1132519
	FEC ID number of contributing federal political committee.	C	94702-2316	Amount of Each Receipt this Period
	Name of Employer Northbay Healthcare	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 100.00	
_).	Full Name (Last, First, Middle Initial) Kristine Koh			Date of Receipt
	Mailing Address 2204 E Meadowbrook	k Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Glendora	State CA	Zip Code 91741-6444	Transaction ID: C1132520
	FEC ID number of contributing federal political committee.	C	91741-0444	Amount of Each Receipt this Period 100.00
	Name of Employer St Jude Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 100.00	
	SUBTOTAL of Receipts This Page (optional)			300.00
F	TOTAL This Period (last page this line number		<u> </u>	

CHEDULE A (FEC Form 3) EMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 87 (check only one) 11a 11b 11c 12 13 14 15 16
for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Com	mittee	
Full Name (Last, First, Middle Initial) John Gilbert Gilbert Kolonich, Jr	_		Date of Receipt
Mailing Address 1062 Meadow View			10 06 2010
City Apollo	State PA	Zip Code 15613-9646	Transaction ID: C1126294 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Westmoreland Hosp ED	Occupation Emergence	cy Physician	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Richard E E Larson			Date of Receipt
Mailing Address 7 Perry Rd			M M / D D / Y Y Y Y Y Y 1 1 0 1 3 2 0 1 0
City	State	Zip Code	Transaction ID: C1132521
Natick	MA	01760-1625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Faulkner Hosp ED	Occupation Emergend	cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		100.00	
Full Name (Last, First, Middle Initial) Robert H H Leviton			Date of Receipt
Mailing Address 249 Melbourne Ave	1		10 01 2010
City	State NY	Zip Code	Transaction ID: C1126316
Mamaroneck FEC ID number of contributing		10543-2726	Amount of Each Receipt this Period
federal political committee.	C		100.00
Name of Employer Dr. Robert H Leviton		cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary ☐ General Other (specify) ▼	0 0	100.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 17
A oı	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	National Emergency Medicine Politica	al Action Con	nmittee	
•	Full Name (Last, First, Middle Initial) George E E Long			Date of Receipt
	Mailing Address 2185 E Greenleaf Dr			10 06 2010
	City	State	Zip Code	Transaction ID: C1126296
	Frederick	MD	21702-2610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. George E Long	Occupatio Emerger	n acy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	100.00	
_	Full Name (Last, First, Middle Initial) J Michael Michael Lynch			Date of Receipt
	Mailing Address 3225 Lakeshore Dr			10 / 13 / 2010
	City	State	Zip Code	Transaction ID: C1132524
	Old Hickory	TN	37138-2212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Cumberland Emer Phys PC	, '	ıcy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		100.00	
	Full Name (Last, First, Middle Initial) Craig Marsden			Date of Receipt
	Mailing Address 6360 Willow Crk Rd			10 01 2010
	City	State	Zip Code	Transaction ID: C1126318
	Mtn Green	UT	84050-6745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer LDS Hosp	Occupatio Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	100.00	
	SUBTOTAL of Receipts This Page (optional) .			250.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 87 (check only one) 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports an r for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Kerri L Mason		Date of Receipt
Mailing Address 2431 Coosawattee I	Or NE	10 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Atlanta	State Zip Code GA 30319-3981	Transaction ID: C1126284 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Kerri L Mason, MD, FACEP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Bonnie B B Matthaeus		Date of Receipt
Mailing Address PO Box 7270		10 04 2010
City	State Zip Code	Transaction ID: C1126319
Wilmington FEC ID number of contributing federal political committee.	DE 19803-0270	Amount of Each Receipt this Period 100.00
Name of Employer Med Ctr of Delaware ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Michael John John McAuliffe		Date of Receipt
Mailing Address 168 Owens Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stephens City	State Zip Code VA 22655-4851	Transaction ID: C1126320 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Winchester Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	
SURTOTAL of Receipts This Page (entioned)	225.00

CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 87 (check only one) 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and reports and reports and reports and report than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions
National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Gene C C McColgin		Date of Receipt
Mailing Address 1605 Black Sands V	•	10 13 2010
City <u>Tillamook</u>	State Zip Code OR 97141-9828	Transaction ID: C1132526 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Tillamook Emer Svcs	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Brian R R McMurray		Date of Receipt
Mailing Address 9400 Coxboro Dr		10 01 7 7 7 7
City	State Zip Code	Transaction ID: C1126321
Brentwood FEC ID number of contributing federal political committee.	TN 37027-8706	Amount of Each Receipt this Period 25.00
Name of Employer Brian R McMurray MD	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Thomas A A Morse	L	Date of Receipt
Mailing Address 4985 Smoketalk Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Westerville	State Zip Code OH 43081-4432	Transaction ID: C1126285 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Mid OH Emer Serv	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
SUBTOTAL of Receipts This Page (optional	1	225.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 56 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 18
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements may not be see name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee		
·	Full Name (Last, First, Middle Initial) Arlene F F Mrozowski			Date of Receipt
	Mailing Address 73 Coventry Ln			10 01 7 2010
	City Trumbull		Code 611-1061	Transaction ID: C1126322 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	311 1001	100.00
	Name of Employer St Marys Hosp	Occupation Emergency Physics	sician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-		
	Full Name (Last, First, Middle Initial) Isabel Lockwood Lockwood Ochsner	<u> </u>		Date of Receipt
	Mailing Address 465 Lowerline St			10 06 YYYY 2010
	City		Code	Transaction ID: C1126297
	New Orleans FEC ID number of contributing federal political committee.	LA 70	118-3760	Amount of Each Receipt this Period 100.00
	Name of Employer Dr. Isabel Lockwood Ochsner	Occupation Emergency Physics	sician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-	Date ▼ 100.00	
	Full Name (Last, First, Middle Initial) William P Olivieri, MD, FACEP			Date of Receipt
	Mailing Address 18 Steeplechase Ln			M M / D D / Y Y Y Y Y 1 1 1 0 1 0 1 2 0 1 0
	City	·	Code	Transaction ID: C1126323
	Asbury FEC ID number of contributing federal political committee.	NJ 088	302-1086	Amount of Each Receipt this Period 25.00
	Name of Employer Hackettstown Cmnty Hosp	Occupation Emergency Physics	sician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 400.00	
	UBTOTAL of Receipts This Page (optional)	1		225.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 0
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions
7 National Emergency Medicine Folitic	al Action Committee	
Full Name (Last, First, Middle Initial) Yogin K Patel Mailing Address 1201 E West Hwy		Date of Receipt
Apt 428		10 13 2010
City	State Zip Code	Transaction ID: C1132527
Silver Spring	MD 20910-6293	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.00
Name of Employer Shady Grove Adventist Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1.00	
Full Name (Last, First, Middle Initial) Frederick Pich		Date of Receipt
Mailing Address 3428 NW 63rd PI		10 13 2010
City	State Zip Code	Transaction ID: C1132528
Gainesville	FL 32653-8861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Univ FL Emerg Med Residen-	Occupation	
СУ	Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	100.00	
Full Name (Last, First, Middle Initial) Vincent E E Pierce, Jr		Date of Receipt
Mailing Address 104 Weather Vane D)r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1126298
Cherry Hill	NJ 08002-1038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Robert Wood Johnson Univ Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	200.00	
SUBTOTAL of Receipts This Page (optional)		201.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the (crieck only one)
ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by the name and address of any political con	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee.
National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Paul R R Pirigyi		Date of Receipt
Mailing Address 641 Valley Rd		10 13 7 2010
City Watchung	State Zip Code NJ 07069-6118	Transaction ID: C1132529 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St Peters Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Marc Steven Plotkin		Date of Receipt
Mailing Address 7267 NW 122nd Av	Э	10 11 YYYY 10 11 2010
City	State Zip Code	Transaction ID: C1126286
Parkland FEC ID number of contributing federal political committee.	FL 33076-4622	Amount of Each Receipt this Period 100.00
Name of Employer Sheridan Healthcorp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Richard F F Prince		Date of Receipt
Mailing Address 3435 Brandywine St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Diego	State Zip Code CA 92117-5605	Transaction ID: C1132530 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Sharp Coronado Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)	300.00

CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 87 (check only one) 11a 11b 11c 12 13 14 15 16
r for commercial purposes, other than using	d Statements may not be sold or used by any pet the name and address of any political committed	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Atwood L L Rice, III		Date of Receipt
Mailing Address 102 Parsonage Ln		10 11 2010
City <u>Lafayette</u>	State Zip Code LA 70503-5932	Transaction ID: C1126287 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Atwood L Rice, III	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Josh J Riff		Date of Receipt
Mailing Address 7990 E Snyder Rd Apt 1104		10 13 2010
City	State Zip Code	Transaction ID: C1132531
Tucson FEC ID number of contributing federal political committee.	AZ 85750-6531	Amount of Each Receipt this Period 100.00
Name of Employer Josh J Riff , MD	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Jonathan Samuel Samuel Rubens		Date of Receipt
Mailing Address 2 Stone Rdg Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jamestown	State Zip Code NC 27282-8750	Transaction ID: C1126325 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 27202-0730	100.00
Name of Employer Regl Emer Phys PA	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 X
Ai or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Com	mittee	
<u>/_</u>	Full Name (Last, First, Middle Initial) Bruce David David Rubin			Date of Receipt
	Mailing Address 45 Primrose Ln			10 11 2010
	City	State	Zip Code	Transaction ID: C1126279
	Huntingdon Valley	PA	19006-5442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Abington Emergency Physic- ian A	Occupation Emergend	cy Physician	
	Receipt For:	Aggregate '	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	100.00	
	Full Name (Last, First, Middle Initial) Mark D D Schmiedl			Date of Receipt
	Mailing Address 1831 Cedar Point Rd			10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State		Zip Code	Transaction ID: C1132533
	Sandusky	OH	44870-5211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer ER Doc	Occupation Emergend	cy Physician	
	Receipt For:	Aggregate '	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	100.00	
	Full Name (Last, First, Middle Initial) Eugene M M Shelby			Date of Receipt
	Mailing Address 137 Circle Dr			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
	City	State	Zip Code	Transaction ID: C1132534
	Hot Springs	AR	71901-2773	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer National Park Med Ctr	Occupation Emergend	cy Physician	
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	100.00	
Г				300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 18
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ted Shieh Mailing Address 2219 W Cortez City Chicago FEC ID number of contributing federal political committee. Name of Employer Westlake Hosp ED Receipt For: Primary General Other (specify)	State Zip Code IL 60622-3518 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) David J J Simon Mailing Address 114 Greenbriar Dr City Wexford FEC ID number of contributing federal political committee. Name of Employer Ellwood City Hosp Receipt For: Primary General Other (specify)	State Zip Code PA 15090-7324 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Borys Slep Mailing Address 29 Quaker Rd City Short Hills FEC ID number of contributing federal political committee. Name of Employer Christ Hosp Receipt For: Primary General Other (specify)	State Zip Code NJ 07078-1958 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 17 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Eric V V Smart Mailing Address 8347 Snow Basin Dr City Sandy FEC ID number of contributing federal political committee. Name of Employer Utah Emergency Physicians Receipt For: Primary General	State Zip Code UT 84093-1036 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) William B B Solik Mailing Address 3423 Nugent Blvd City Columbus FEC ID number of contributing federal political committee. Name of Employer Emer Phys Inc Columbus Receipt For: Primary General	State Zip Code IN 47203-1607 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Douglas R Sommers Mailing Address 2181 Stoopto Rd City Sylvania FEC ID number of contributing federal political committee. Name of Employer E GA Reg Med Ctr	State Zip Code GA 30467-6654 C	Date of Receipt M M / D D / Y Y Y Y Y 1 0
Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) .	Emergency Physician Aggregate Year-to-Date ▼ 100.00	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any personal name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Nyla Sherrie Sherrie Squyres Mailing Address 2917 Lafayette Cir City Huntsville FEC ID number of contributing federal political committee. Name of Employer Huntsville Hosp ED Receipt For: Primary General Other (specify)	State Zip Code AL 35801-3262 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joshua Stillman Mailing Address 275 W 96th St # 28D Apt 28D City New York FEC ID number of contributing federal political committee. Name of Employer NY Presbyterian Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 10025-6263 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mark J J Tamsen Mailing Address	State Zip Code CA 92137-0630 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 0
SUBTOTAL of Receipts This Page (optional) .		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any personal ename and address of any political committee to all Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Don Tatsumi Tatsumi Tanabe Mailing Address 151 Barcelona Dr City Jupiter FEC ID number of contributing federal political committee. Name of Employer JEMS Inc Receipt For: Primary General Other (specify)	State Zip Code FL 33458-2713 C Occupation Emergency Physician Aggregate Year-to-Date 50.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mathew T Thomas Mailing Address 4315 Osby Dr City Houston FEC ID number of contributing federal political committee. Name of Employer Greater Houston Emergency Phys Receipt For: Primary General Other (specify)	State Zip Code TX 77096-4420 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y 1 0 1 3 20 1 0 Transaction ID: C1132541 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) A Nicole Nicole Thran Mailing Address 320 W Reach Dr City Jamestown FEC ID number of contributing federal political committee. Name of Employer The Westerly Hosp Receipt For: Primary General Other (specify)	State Zip Code RI 02835-2231 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 18
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P Glenn Glenn Tremml Mailing Address 3905 Indian River Dr City Vero Beach FEC ID number of contributing federal political committee. Name of Employer P Glenn Tremml, MD Receipt For: Primary General Other (specify)	State Zip Code FL 32963-1406 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Richard Trepp Mailing Address 35 W 33rd St 31D Apt 31D City New York FEC ID number of contributing federal political committee. Name of Employer New York Presbyterian Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 10001-3316 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mark Duane Utkewicz, MD Mailing Address 41 Hansom Rd City Basking Ridge FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify)	State Zip Code NJ 07920-2974 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C1126304 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 11 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Don F F Van Wie Mailing Address 4505 Lyons Run Cir A Apt 303 City Owings Mills FEC ID number of contributing federal political committee. Name of Employer Univ of MD Schl of Med Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kamalakar R Vanam Mailing Address 224 Fletcher St City Edison FEC ID number of contributing federal political committee. Name of Employer St Vincent Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NJ 08820-1784 C Occupation Emergency Physician Aggregate Year-to-Date 100.00	Date of Receipt 10 13 2010 Transaction ID: C1132545 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) James Michael Michael Villareal Mailing Address 852 S 2200 E City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Utah Emer Phys Receipt For: Primary General Other (specify)	State Zip Code UT 84108-1426 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 100.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate s for each catego Detailed Summ	ry of the (FOR LINE NUMBER: PAGE 67 / 87 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 1									
	Any information copied from such Reports and State or for commercial purposes, other than using the report of NAME OF COMMITTEE (In Full) National Emergency Medicine Political Communications of the Political Communication of the Political Communic	name and add	dress of any politica	ed by any persor al committee to :	n for the purpose of soliciting contributions solicit contributions from such committee.									
A.	Full Name (Last, First, Middle Initial) Lisa Michelle Michelle Ward Mailing Address 5810 Wood Duck Ct				Date of Receipt									
	City Clayton FEC ID number of contributing federal political committee.	State OH	Zip Code 45315-9639		Transaction ID: C1126333 Amount of Each Receipt this Period 25.00									
	Name of Employer Upper Valley Medical Center Receipt For: Primary General Other (specify) Other (specify)		n ncy Physician e Year-to-Date	25.00	_									
Б.	Full Name (Last, First, Middle Initial) James A A Webley Mailing Address 5985 Carmen Ct W		0 0 0 0 0		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City Orchard Lake FEC ID number of contributing federal political committee.	State MI	Zip Code 48324-2917	0	Transaction ID: C1126334 Amount of Each Receipt this Period 100.00									
	Name of Employer Genesys Regl Med Ctr Receipt For: Primary General Other (specify)	<u> </u>	n ncy Physician e Year-to-Date	200.00										

SUBTOTAL of Receipts This Page (optional)	•	125.00
TOTAL This Period (last page this line number only)	<u> </u>	7026.00

IT	CHEDULE B (FEC Form 3X)		arate schedule(s)		NUMBER: PAGE 68 / 87
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	7 one)
	y Information copied from such Reports and Stater for commercial purposes, other than using the name			d by any person f	or the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ac			Committee to 30	ion contributions from such committee
<u>/</u>	Full Name (Last, First, Middle Initial) Austin Scott for Congress				Transaction ID: D106214 Date of Disbursement
	Mailing Address PO Box 27750				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Macon	State GA	Zip Code 31221		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates Condidate Name			2-1	2500.00
	Candidate Name Office Sought: X House Disburs	ement For:	2010	Category/ Type	
	Senate President	Primary Other (spe	X General		
	State: GA District: 08 Full Name (Last, First, Middle Initial)				Transaction ID: D106192
	Bass Victory Committee Mailing Address PO Box 3451				Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Amount of Each Disbursement this Perior
	Concord Purpose of Disbursement	NH	03302		5000.00
	Contributions for Federal Candidates Candidate Name Rep. Charles F. Bass			011 Category/ Type	
	<u> </u>	ement For: Primary	2010 X General	Турс	
	President	Other (spe	ecity) 🔻		
		Other (spe	eliy) 🔻		Transaction ID: D106197 Date of Disbursement
_	President State: NH District: 02 Full Name (Last, First, Middle Initial)	Other (spe	ecity) •		
	President State: NH District: 02 Full Name (Last, First, Middle Initial) Bera for Congress	Other (spe	Zip Code 95758		Date of Disbursement M M M / D D D / Y Y Y D Y D Amount of Each Disbursement this Period
	President District: 02 Full Name (Last, First, Middle Initial) Bera for Congress Mailing Address PO Box 582496 City Elk Grove Purpose of Disbursement Contributions for Federal Candidates	State	Zip Code	011	Date of Disbursement
	President District: 02 Full Name (Last, First, Middle Initial) Bera for Congress Mailing Address PO Box 582496 City Elk Grove Purpose of Disbursement Contributions for Federal Candidates Candidate Name	State CA	Zip Code 95758	011 Category/ Type	Date of Disbursement M M M / D D D / Y Y Y D Y Amount of Each Disbursement this Period
	President District: 02 Full Name (Last, First, Middle Initial) Bera for Congress Mailing Address PO Box 582496 City Elk Grove Purpose of Disbursement Contributions for Federal Candidates Candidate Name	State	Zip Code 95758 2010 X General	Category/	Date of Disbursement M M M / D D D / Y Y Y D Y Amount of Each Disbursement this Period

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NE NUMBER: PAGE 69 / 87 only one)									
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l (ch	eck on 21b	22	X	23	24		25	26			
			27	28a		28b	28c		29	30b			
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name										S			
NAME OF COMMITTEE (In Full)													
National Emergency Medicine Political Ac	ion Committee												
Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress				1		on ID: sburse	D106 ement	175					
Mailing Address 8550 United Plaza Blvd Suite 1001				1 ^M 0	M /	0	6 /	ž Ž	0 Ĭ () Y			
City Baton Rouge	State Zip Code LA 70809-2256			Amou	nt of	Each	Disburse	emen	t this	Period			
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Candidate Name Bill Cassidy	1	Catego	ory/										
Office Sought: X House Disburse Senate President	ement For: 2010 Primary X General Other (specify)	71											
State: LA District: 06													
Full Name (Last, First, Middle Initial) Cantor For Congress						on ID: sburse	D107 ement	797					
Mailing Address P. O. Box 17813				1 ^M 0	M /	1	3 /	^Y 2	0 Ť () Y			
City Richmond	State Zip Code VA 23226			Amou	nt of	Each	Disburse		-				
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Candidate Name Rep. Eric I. Cantor		Catego	-										
Senate President	ement For: 2010 Primary X General Other (specify)												
State: VA District: 07													
Full Name (Last, First, Middle Initial) Chad Causey for Congress				Date	of Di	sburse							
Mailing Address 236 Mass Ave., NE Suite 603				10	M /	0	6 /	ž	0 1 (D [*]			
City Washington	State Zip Code DC 20002			Amou	nt of	Each	Disburse	-					
Purpose of Disbursement Contributions for Federal Candidates		011	1	L.				50	00.00)			
Candidate Name Chad Causey		Catego Type											
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	NAME OF COMMITTEE (In Full) National Emergency Medicine Po				 	-							
	Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Con	ngress Inc							n ID: oursem	D106 nent	176		
	Mailing Address PO Box 80126						1 ^M 0	M /	0 6	/	^Y ^Y 2	0 i 0	Υ
	City Lafayette	Sta LA		Zip Code 70598			Amou	nt of E	ach D	isburs	-	this P	erio
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	Full Name (Last, First, Middle Initial) Chris Coons for Delaware								n ID: oursem	D106 nent	203		
	Mailing Address PO Box 9900						1 ^M 0	M /	0 6	/	Ý Ž	0 1 0	Υ
	City Newark	Sta DE		Zip Code 19714-5000			Amou	nt of E	ach D	isburs			erio
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Mailing Address PO Box 2458							1 0) (<u> </u>	2	0 1 ()	
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Full Name (Last, First, Middle Initial) Friends Of Bill Posey									isburs	en		'91			
Mailing Address 1824 South Fiske Boulev	ard						1 ^M 0	M	/ D	1 3	3 / Y	ž	0 1 (O Y	
City Rockledge	State FL	Zip Code 32955					Amou	nt o	f Each	ı C	isburse	men	t this	Perio	od
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\	MMITTEE (In Full) ergency Medicine Politi	ical Action Comm	nittee		
Full Name (Last Hoyer For Co	t, First, Middle Initial)		Transaction ID: D106220 Date of Disbursement		
Mailing Address			1 0 0 6 2 0 1 0		
City Bowie		State MD	Zip Code 20716		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates 011					2500.00
	Candidate Name Rep. Steny H. Hoyer				
Office Sought:	χ House Senate	Disbursement For:	2010 X General		
State: MD	President District: 05	Other (spe	ecify)		
	t, First, Middle Initial)				Transaction ID: D106198
Hultgren for (Congress				Date of Disbursement
Mailing Address	Mailing Address 1118 East Main Street				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Saint Charles		State IL	Zip Code 60174		Amount of Each Disbursement this Period
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Candidate Nam Randy Hultgr	e			Category/ Type	
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State: IL	President District: 14	Other (spe			
		Other (spe			Transaction ID: D106729 Date of Disbursement
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Full Name (Lass John S Fund	District: 14 t, First, Middle Initial)	State IL	Zip Code 62025		Date of Disbursement
Full Name (Last John S Fund Mailing Address City Edwardsville Purpose of Disk	District: 14 t, First, Middle Initial) PO Box 853	State IL	Zip Code	011	Date of Disbursement
Full Name (Last John S Fund Mailing Address City Edwardsville Purpose of Disk	District: 14 t, First, Middle Initial) PO Box 853 Dursement or Federal PACs/Committee	State IL	Zip Code	011 Category/ Type	Date of Disbursement M M M / D D D / Y Y Y O Y O Y Amount of Each Disbursement this Period
Full Name (Last John S Fund Mailing Address City Edwardsville Purpose of Dist Contributions for Candidate Nam	District: 14 t, First, Middle Initial) PO Box 853 Dursement or Federal PACs/Committee	State IL Pees Disbursement For:	Zip Code 62025		Date of Disbursement M M
Full Name (Lass John S Fund Mailing Address City Edwardsville Purpose of Disk Contributions for Candidate Nam John Shimku	District: 14 t, First, Middle Initial) PO Box 853 Dursement or Federal PACs/Committee essemble Senate President	State IL es	Zip Code 62025	Category/	Date of Disbursement M M M / D D D / Y Y Y O Y O Y Amount of Each Disbursement this Period

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National Emergency Medicine Political	Action Comm	illee									
Full Name (Last, First, Middle Initial) Kurt Schrader For Congress					Date		burse	D10ement		0 Ť 0	Y
Mailing Address 205 N Main St.					1 0		0	6	. 2	010	
City Oregon City	State OR	Zip Code 97045			Amou	int of	Each	Disbur			_
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City Jackson	State NJ	Zip Code 08527-3158			Amou	int of	Lach	Disbur	semen	t this P	'eric
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Full Name (Last, First, Middle Initial) Latourette For Congress Committee					Date	of Dis	burse	D10			
Mailing Address 320 Kenarden Dr.					1 ^M 0	M /	^D 1	^D /	ž	0 1 0	Y
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\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine			71		
	Full Name (Last, First, Middle Initial Oliverio for Congress	l)				Transaction ID: D106199 Date of Disbursement
	Mailing Address P.O. Box 13	30				10 M / 06 / Y Y Y Y Y Y
	City Dellslow	State WV	Zip C 265			Amount of Each Disbursement this Period
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	Candidate Name Mike Oliverio				Category/ Type	
	Office Sought: X House Senate President	Disbursement Prim Othe		2010 General		
	State: WV District: 01 Full Name (Last, First, Middle Initial Pat Meehan for Congress	l)				Transaction ID: D106206 Date of Disbursement
	Mailing Address 5035 Towns	ship Line Rd				M M M / D D D / Y Y O Y O Y
	City Drexel Hill	State PA	Zip C	Code 26-4821		Amount of Each Disbursement this Perio
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	Candidate Name Pat Meehan				Category/ Type	
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	Full Name (Last, First, Middle Initial Paul Gosar for Congress	1)				Transaction ID: D106180 Date of Disbursement
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ad	ction Committee										
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee						ion II		D107	7780		
Mailing Address P.O. Box 8331				1 ^M C) M	/ D	1	^D /	Ž	2 0 1 C) Y
City Fremont	State Zip Code CA 94537			Amo	unt c	of Eac	ch [Disburs			
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Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS						isbur	ser		7794		
Mailing Address P. O. Box 12678				1 M) M	/ D	1	^D /	Ý	2 o 1 c) ^Y
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Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC.				Date	of D	isbur	ser				
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Mailing A	ddress P.O. BOX 960	0821			10 13 / 2010
City RIVERD	DALE	State GA	Zip Code 30296		Amount of Each Disbursement this Period
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Candidate Rep. Da	e Name avid A. Scott			Category/ Type	
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National Emergency Medicine Political A	action Committee		
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City Carrollton	State Zip Code TX 75011		Amount of Each Disbursement this Peric
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	City Washington		Sta D0		Zip Code 20003-1107			Amount of Each Disbursement this Peri
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	Mailing Address PO Box 23219				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
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	State: LA District: 01				
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Sen. David Vitter Office Sought: House		Contributions for Federal Candidates					L.				50	00.00	
State: LA District: 00 Full Name (Last, First, Middle Initial) Southerland for Congress Mailing Address 5903 Woodfield Estates Drive City Alexandria Purpose of Disbursement Contributions for Federal Candidates Candidate Name Office Sought: X Senate Primary Other (specify) Primary X General Other (specify) Transaction ID: D106213 Date of Disbursement 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0													
Full Name (Last, First, Middle Initial) Southerland for Congress Mailing Address 5903 Woodfield Estates Drive City Alexandria Purpose of Disbursement Contributions for Federal Candidates Candidate Name Disbursement For: Category/ Type Office Sought: State: FL District: 02 Transaction ID: D106213 Date of Disbursement Mo M 1 0 0 6 1 2 2 0 1 0 2 0 1 0 4 Amount of Each Disbursement this Period Category/ Type Other (specify) Other (specify)		χ Senate President	Primary X General										
Southerland for Congress Mailing Address 5903 Woodfield Estates Drive City State Zip Code Alexandria VA 22310 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Office Sought: X House Senate Primary X General President State: FL District: 02 Southerland for Congress Date of Disbursement Amount of Each Disbursement this Period 2500.00 Amount of Each Disbursement this Period 2500.00 Agree Amount of Each Disbursement this Period 2500.00 Amount of Each Disbursement this Period 2500.00 Category/ Type Office Sought: X House Primary X General Other (specify) ▼							_			5.46			
City Alexandria Purpose of Disbursement Contributions for Federal Candidates Candidate Name Disbursement For: Senate President State: FL District: 02 State Zip Code VA 22310 Amount of Each Disbursement this Period Category/ Type Category/ Type Other (specify) ▼ 10000 00		,					Date	of Di	isburse	ement		,	Υ
Alexandria Purpose of Disbursement Contributions for Federal Candidates Candidate Name Office Sought: Senate President State: FL District: 02 VA 22310 2500.00 2500.00 2500.00 2500.00 2500.00 2500.00 2500.00 2500.00 2500.00 2500.00 2500.00 2500.00 2500.00 2500.00 2500.00		Mailing Address 5903 Woodfield Estates	Drive				1 0		0	6	2	010	
Contributions for Federal Candidates Candidate Name Office Sought: X House Senate Primary X General Other (specify) State: FL District: 02							Amou	ınt o	f Each	Disburs			
Office Sought: X House Senate Primary X General Other (specify) State: FL District: 02		Contributions for Federal Candidates				_	L.				25	00.00	
Office Sought:		Candidate Name											
10000 00		Senate President	Primary X General	•									
SUBTOTAL of Disbursements This Page (optional)	$\overline{}$	State: FL District: 02											
	5	SUBTOTAL of Disbursements This Page (optional)			•					100	00.00	
	1'	TOTAL This Period (last page this line number only	")		• • • • •			_					

A.

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5(CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		NUMBER: PAGE 86 / 87
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check onl	y one) 22 X 23 24 25 26 28a 28b 28c 29 30k
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam	•		, , ,	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
	National Emergency Medicine Political Act	tion Comm	ittee		
	Full Name (Last, First, Middle Initial)				Transaction ID: D107795
	Team Emerson For Jo Ann Emerson				Date of Disbursement
	Mailing Address PO Box 822 P.O. Box 822				10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cape Girardeau	State MO	Zip Code 63702		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates			011	1500.00
	Candidate Name Rep. Jo Ann Emerson			Category/ Type	
	Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼		
	State: MO District: 08				

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	—	154500.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 87 / 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER 🔻
National Emergency Medicine Political Action Committee	C C00140061
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
Mullen and Company	1 0
Mailing Address	Amount
Suite 600	40000.00
1101 Pennsylvania Ave., NW	Transaction ID: D107762
City State Zip Code	
Washington DC 20037	Office Sought: X House State: CT
Purpose of Expenditure Independent Expendit- ure for Rep Chris Category/ Type	Senate District: 05 Presidential
Murphy (D-CT) Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Rep. Christopher S. Murphy	Disbursement For: Primary General
Calendar Year-To-Date Per Election 40000.00 for Office Sought	Other (specify) : Radio Ad 2010

(a) SUBTOTAL of Itemized Independent Expenditures		40000.00						
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures		40000.00						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
Phyllis Edans, CPA, CAE Signature	Date 10 2	2010						